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DECLARAT	riak	LEOD LITH ITY OD	Attorney Docket Number	PU040288				
DECLARATION FOR UTILITY OR DESIGN			First Named Inventor Steven Porter Hotelling					
PATE		PPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)		Application Number /						
			Filing Date					
With Initial Filing	With Initial	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit					
,g		required)	Examiner Name					

· As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
PARASITIC QUADRATURE ERROR CORRECTION										
the specification of which	(Title of th	e Invention)		•	_					
is attached hereto	•									
OR										
	March 11, 20	as United States Ap	plication Number o	r PCT Internationa	al .					
Application Number	PCT/US05/08372 and	was amended on (MM/DD/Y	YYY)	(i	l applicable).					
I hereby state that I have review specifically referred to above.	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
applications, material information	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority be or 365(a) of any PCT internation and have also identified below application having a filing date	onal application which designa , by checking the box, any for	ated at least one country other	er than the United S	States of America	listed below					
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?					
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
				0						
				σ.						
☐ Additional foreign application	n numbers are listed on a sup	plemental priority data sheet	PTO/SB/02B attack	hed hereto:						
I hereby claim the benefit unde	r 35 U.S.C. 119(e) of any Unit	ted States provisional applica	tion(s) listed below.							
ApplicationNumber(s		MM/DD/YYYY)								
US 60/552,652	March 12, 2004		Additional provisional application							
•			numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

PTO/SB/01 (10:00)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label							24498	OR	⊠c	orrespondance address below	
Name	JOSEPH S	. TRI	POLI								
Address	THOMSON	I LICI	ENSING II	NC.							
Address	Address PO Box 5312										
City State ZIP											
PRINCETON							LИ		0854	3-5312	
Country	•		T	elepi	hone					Fax	
USA			3	17-58	7-4019				(609)	734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOL	E OR FIRS	ST IN	IVENTO	₹:			☐ A petition has b	een filed fo	r this	unsigned inventor	
Given Name STEVEN PORTER Family Name HOTELLING or Surname											
Inventor's Date Signature							ate				
Residence: Cit	у			Sta	ite		Country	•	С	itizenship	
San Jose				Cal	lifornia		us	·····	υ	S	
Mailing Addres	s										
Mailing Addres	s 1	351	Hidden I	Mine	Road					,	
Citý			State			ZIF	Country				
San Jose			Calforni	ia		95	95120 US				
NAME OF SEC	COND INVE	NTC	DR:				☐ A petition has be	en filed for	this	unsigned inventor	
Given Name LI	ΕX						Family Name BAY or Surname	/ER			
Inventor's Signature							Date				
Residence: Cit	у			•	State		Country			Citizenship	
Menio Park					California		US			ZA	
Mailing Addres	is								·		
Mailing Addres	s 691	Rob	le Avent	ıe, #4	!						
City			State				ZIP			Country	
Menlo Park			Californ	ia			94306 US .				
Additional	inventors a	re be	ing name	d on t	he <u>1</u> supplem	enta	Additional Inventor(s)	sheet(s) PT	_		

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor								
Given Name (first and middle	e [if any])	Family Name or Surname							
BRIAN R.		. LA	. LAND						
Inventor's Signature Banan 19	hand				Date 4/19/2005				
Residence: City Redwood City	State California	Cou	US		US Citizenship				
Malling Address									
Malling Address 2726 Sussex Way									
City Redwood City	California State	ZIP	US .						
Name of Additional Joint Inventor, if any:		0	A petition has been filed						
Given Name (first and midd	e [if any])	\bot	Family Name or Surname						
Inventor's Signature			· ·		Date				
Residence: City	State	Cou	ntry		Citizenship				
Mailing Address									
Mailing Address									
City	State	Zip		Co	untry				
Name of Additional Joint Inventor, if any:			A petition has been filed	for	this unsigned inventor				
Given Name (first and midd	le [if any])		Family Name or Surname						
Inventor's Signature	•				Date				
Residence: City	State Country Citizenship								
Mailing Address									
Mailing Address									
City	State		Zip	C	ountry				

PU040288

Steven Porter Hotelling etal

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DECLARATI	Attorney Docket Number First Named Inventor				
DECEMBER					
PATEN	cc	MPI			
(37	' CFR 1.63)	Application Number	1.		
□ Declaration	□ Declaration	Filing Date			

COMPLETE IF KNOWN ег Filing Date Submitted OR Submitted after Initial With Initial Filing (surcharge Group Art Unit Filing (37 CFR 1.16 (e)) required) **Examiner Name**

As a below named inventor,	As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and are listed below) of the subject ma					ral names					
PARASITIC QUADRATURE ERROR CORRECTION										
the specification of which	(Title of th	e Invention)		•	_					
☐ is attached hereto	•									
OR		•								
	March 11, 20	05 · as United States A	pplication Number o	r PCT Internationa	al					
Application Number PCT/L	JS05/08372 and	was amended on (MM/DD/)	YYY) :	(i	f applicable).					
I hereby state that I have reviewed an specifically referred to above.	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefit or 365(a) of any PCT international a and have also identified below, by of application having a filing date before	pplication which designates the control of the policy and the box, any for the control of the co	ated at least one country oth eign application for patent o	er than the United S	States of America,	listed below					
Prior Foreign Application	-	Foreign Filing Date	Priority	Certified Copy	Attached?					
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
				0						
,										
☐ Additional foreign application num	bers are listed on a sup	plemental priority data shee	PTO/SB/02B attack	hed hereto:						
I hereby claim the benefit under 35 U	.S.C. 119(e) of any Unit	ed States provisional applica	ation(s) listed below.							
ApplicationNumber(s)	Filing Date (MM/DD/YYYY)								
US 60/552,652		numbers a	provisional appl re listed on ental priority dat 2B attached here	a sheet						

[Page 1 of 2]

PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TR	RIPOLI							
Address	THOMSON LIC	CENSING	3 INC.						
Address PO Box 5312									
City						State		ZIP	
PRINCETON	PRINCETON NJ 08543-5312								3-5312
Country	untry Telephone Fax							Fax	
USA			317-58	7-4019				(609)	734 - 6888
believed to be true; punishable by fine	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOL	E OR FIRST II	NVENT	OR:			A petition has b	een filed fo	r this	unsjgned inventor
Given Family Name HOTELLING or Surname									
Inventor's Signature Porty Hoully Date 4/13/05							/ / _		
Residence: City State Country					•	С	itizenship		
San Jose			Cal	ifornia		us .		U	s
Mailing Address	3						1		
Mailing Address	1351	Hidder	Mine	Road		•			
City		State			ZIP		Country	•	
San Jose		Calfor	nia		951	20	US		
NAME OF SEC	OND INVENT	OR:				A petition has be	en filed for	this	unsigned inventor
Given Name LE	x	-				Family Name BAYER or Surname			
Inventor's Signature						Date			
Residence: City	,			State	- -	Country			Citizenship
Menio Park				California		JS			ZA
Mailing Address	3								
Mailing Address	691 Rob	le Aver	nue, #4						
City		State				ZIP		Co	untry
Menlo Park		Califor	nia			94306		US	
Additional in	nventors are be	ing nam	ed on th	ne 1 supplem	ental /	Additional Inventor(s)	sheet(s) PT()/SB/	02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middl	e (if any))	Family Name or Surname						
BRIAN R.		LAND	•					
Inventor's Signature								
Residence: City Redwood City	California State	California US US Citizenship						
Mailing Address								
Mailing Address 2726 Sussex Way								
City Redwood City	California State	94061 ZIP	US Country					
Name of Additional Joint Inventor, If any:		☐ A petition has been file	for this unsigned inventor					
Given Name (first and middl	e [if any])	Family Name or Surname						
•								
Inventor's Signature		(Date					
Residence: City	State	Country	Citizenship					
Mailing Address								
Mailing Address								
City	State	Zip	Country					
Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middl	e [if any])	F	amily Name or Surname					
		· ·						
Inventor's Signature			Date					
Residence: City	State	Country	Citizenship					
Mailing Address								
Mailing Address								
City	State	Zip	Country					

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DECLARATION FOR UTILITY OR		Attorney Docket Num	ber	PU040288		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			First Named Inventor		Steven Porter Hotelling etal	
			COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number	1.			
Declaration Submitted	· E	Declaration Submitted after Initial	Filing Date			
With Initial		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit .			
, ming		required)	Examiner Name			

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
PARASITIC QUADRATURE ERROR CORRECTION										
the specification of which	(Title of th	e Invention) .		•						
is attached hereto										
OR '				•						
was filed on (MM/DD/	March 11, 20	05 as United States	Application Number o	r PCT Internation	al					
Application Number	PCT/US05/08372 and	was amended on (MM/DD.	MYYY)		(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.										
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applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority to 365(a) of any PCT internation and have also identified below application having a filing date	onal application which designa , by checking the box, any for	ited at least one country of eign application for patent	ther than the United to or inventor's certifica	States of America	. listed below					
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
				. 🗆						
	•									
☐ Additional foreign application	n numbers are listed on a sup	plemental priority data she	et PTO/SB/02B attac	hed heretö:						
I hereby claim the benefit unde										
ApplicationNumber(s		MM/DD/YYYY)								
US 60/552,652	March 12, 2004		Additional provisional applica							
			a suppleme	ental priority da B attached her	ta sheet eto.					

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all corresp	rrespondence to: Customer Number or Bar Code Label 24498 OR Correspondance address below								
Name	JOSEPH S. TR	IPOLI		•					
Address THOMSON LICENSING INC.									
Address PO Box 5312									
City	State ZIP								
PRINCETON	·	NJ 08543-5312							
Country		Telephone Fax							Fax
USA			317-58	7-4019		_		(609)	734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOL	E OR FIRST II	VENT	DR:	-		☐ A petition has be	een filed fo	r this	unsigned inventor
					amily Name HOTI r Surname	ELLING ,			
Inventor's Date Signature						ate			
Residence: City	y		Sta	ate		Country		С	itizenship
San Jose			Cal	lifornia		us .		Ιυ	s
Mailing Addres	s								
Mailing Addres	s 1351	Hidden	Mine	Road					
City		State			ZIP		Country		
San Jose		Calfor	nia		951		US		
NAME OF SEC	OND INVENT					_			
						A petition has be	en filed for	this	unsigned inventor
Given Name LE	ΞX					Family Name BAYER or Surname			
Inventor's Signature	F	age	ye-			Date 04/21/	05		
Residence: Cit	у			State		Country			Citizenship
Menlo-Park				California		US			ZA
Mailing Addres		í\mu=	rein to	Aug		·			· · · · · · · · · · · · · · · · · · ·
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City Pale Alt Menlo Park	_	State				ZIP		Co	untry
Menlo Park		Califor	rnia			94306		US	
Additional	inventors are be	ing nam	ed on t	the <u>1</u> supplen	nental	Additional Inventor(s)	sheet(s) PT(O/SB/	02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle	: [if any])	Family Name or Surname					
BRIAN R.		LAND					
Inventor's Signature					Date		
Residence: City Redwood City	California State	Cou	. US htry		US Citizenship		
Mailing Address							
Mailing Address 2726 Sussex Way							
City Redwood City							
Name of Additional Joint Inventor, if any:			A petition has been filed				
Given Name (first and middle	e [if any])		Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State	Cou	ntry		Citizenship		
Mailing Address					,		
Mailing Address		٠			·		
City	State	Zip		Co	untry		
Name of Additional Joint Inventor, if any:			A petition has been filed				
Given Name (first and middl	e [if any])		Fa	mily	Name or Surname		
		1.					
Inventor's Signature					Date .		
Residence: City	ntry	T	Citizenship				
Mailing Address							
Mailing Address							
City	State		Zip	C	puntry		

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PTO/S8/81 (11-04)
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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	STEVEN PORTER HOTELLING, ET AL.
Title	ERROR CORRECTION FOR VIBRATORY RATE GYROSCOPE
Art Unit	
Examiner Name	
Attorney Docket Number	PU040288

I hereby appoint: ☑ Practitioners at Customer Number OR Customer Number 24498								
Practitioner(s) named below:								
	Name Registration Number							

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.								
Please recognize or change the correspondence address for the above-identified application to:								
The above-mentioned Customer Number: OR The address associated with Customer Number: OR								
Firm or Individual Name	Joseph J. Laks, THOMSON LICENSING INC.							
Address	PATENŢ OPERATIONS							
Address	P. O. BOX 5312							
City	PRINCETON	State	tate NJ ZIP 08543-5312					
Country	USA							
Telephone	609-734-6819	Fax	609-734-6888)9-734-6888				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.								
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name Michael A. Pugeh 57,368								
Signature Michael A Kingel								
_	30, 2006		Telephone 317-587-4027					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

POWER OF ATTORNEY THOMSON LICENSING

THOMSON LICENSING 46, Quai A. Le Gallo F-92100 Boulogne-Billancourt France

does hereby grant

Harvey D. Fried - Sr. Patent Counsel/Manager Ronald H. Kurdyla - Sr. Patent Counsel/Manager Robert D. Shedd - Sr. Patent Counsel/Manager Robert B. Levy - Sr. Patent Counsel/Manager Frank Y. Liao - Sr. Patent Counsel/Manager Reitseng Lin - Sr. Patent Counsel Christine Johnson - Sr. Patent Counsel Guy H. Eriksen - Sr. Patent Counsel Catherine A. Ferguson - Sr. Patent Counsel Joseph J. Kolodka - Sr. Patent Counsel Kuniyuki Akiyama - Sr. Patent Counsel Paul P. Kiel - Sr. Patent Counsel Jeffrey M. Navon - Sr. Patent Counsel Joel M. Fogelson - Sr. Patent Counsel Joseph J. Opalach - Sr. Patent Counsel Sammy S. Henig - Sr. Patent Counsel Patricia A. Verlangieri - Sr. Patent Counsel Brian J. Dorini, Sr. Patent Counsel Jorge Tony Villabon - Patent Counsel Vincent E. Duffy - Patent Counsel Richard LaPeruta - Patent Counsel Francis A. Davenport - Sr. Patent Agent William A. Lagoni - Patent Agent Brian J. Cromarty - Patent Agent Ronald Kolczynski - Member Patent Staff Michael A. Pugel - Patent Agent Thomson Licensing Inc. Two Independence Way Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this _

day of Fe

(1, 2006.

SIGNED

Joseph J. Kaks

Vice President

Thomson Licensing Inc. and

Attorney In Fact for

THOMSON LICENSING

WITNESS

yda tornarott

POWER OF ATTORNEY THOMSON LICENSING

We,

THOMSON LICENSING

46, Quai A. Le Gallo

F-92100 Boulogne-Billancourt

France

do hereby grant

Joseph J. Laks Vice President

Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this ____14th ___day of __February_, in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé-

Authorized Representative,

Vice-President Intellectual Property & Licensing

THOMSON LICENSING